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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/813,309
Filing Date	March 29, 2004
First Named Inventor	Jonathan Castle
Art Unit	2632
Examiner Name	Hunnings, Travis R.
Attorney Docket Number	022048-000200US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

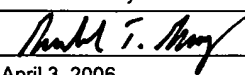
Discontinuation of attorney/client relationship.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Kevin LeMond at Schwabe, Williamson & Wyatt				
Address	1211 SW 5th Avenue				
Address	Suites 1600 - 1900				
City	Portland	State	OR	Zip	97204
Country	US				
Telephone	503.222.9981			Fax	503.796.2900
Name	Gerald T. Gray				
Signature				Registration No.	41,797
Date	April 3, 2006			Telephone No.	925.472.5000

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